



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
INDUSTRIAL, ENGINEERING TECHNOLOGY, AND HEALTH SCIENCES EDUCATION  
**APPLICATION FOR RENEWAL OF THE V2 (FIVE-YEAR) MISSOURI  
VOCATIONAL TEACHING CERTIFICATE**

# V2R

**SECTION A. VITAL INFORMATION (TO BE COMPLETED BY APPLICANT.)**

NAME	SOCIAL SECURITY NUMBER	BIRTHDATE	
ADDRESS	CITY	STATE	ZIP CODE

**SECTION B.****VOCATIONAL TEACHING AREA**

- ☐ HEALTH SCIENCES  
☐ TRADE AND INDUSTRIAL

**PROGRAM LEVEL**

- ☐ SECONDARY  
☐ POST SECONDARY  
☐ ADULT

PROGRAM NAME	CIP CODE
EXPIRATION DATE OF LAST "V2" CERTIFICATE	

**SECTION C.**

1. List years attended and submit verification of attendance at three of five professional vocational education conferences (completion certificates required).

**AND**

**SECTION D. COMPLETE D1 OR D2**

- D1. Submit transcripts for a minimum of three (3) credit hours of coursework (which is related to the occupational area being taught) completed in the five-year renewal period. (Use additional sheets if needed.)

COURSE TITLE	INSTITUTION	SEMESTER HOURS OR EQUIVALENT	DATE COURSE COMPLETED

**OR**

- D2. Submit copies of completion certificates or letters from workshop presenters verifying attendance at a minimum of 10 days/65 contact hours/6.5 continuing education units of educational technical workshops (relating to the occupational area being taught) sponsored by industry or organizations. (Use additional sheets if needed.)

SPONSOR	LOCATION	DAYS/CHs/CEUs	WORKSHOP DATE(S)

**FOR OFFICIAL USE ONLY**

CIP CODE	INITIAL V2 DATE	EXPIRATION OF CURRENT CERTIFICATE	APPROVED BY
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AND

**SECTION E. COMPLETE E1 OR E2**

E1. Submit letter(s) from employer(s) verifying a minimum of 320 clock hours of additional occupational experience during the last five years. (Must be related to the certification/occupational area being taught). (Use additional sheets if needed.)

EMPLOYER/LOCATION	TYPE OF WORK	AMOUNT OF TIME IN CLOCK HOURS

OR

E2. Submit report of occupational survey conducted during the last five years related to current industrial practices and employment potential of students trained in the occupation being taught (approved by immediate supervisor). Submit the report consistent with DESE requirements.

DESCRIPTION	DATE CONDUCTED

**SECTION F.**

I CERTIFY THAT THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE.

LEGAL SIGNATURE OF APPLICANT

DATE

**SECTION G. (TO BE COMPLETED BY EMPLOYING SCHOOL DISTRICT.)**

I JOINTLY REQUEST WITH THE ABOVE APPLICANT THAT THE VOCATIONAL CERTIFICATE REQUESTED BE ISSUED.

SIGNATURE OF DESIGNATED SCHOOL OFFICIAL	NAME OF SCHOOL DISTRICT		
NAME OF DESIGNATED SCHOOL OFFICIAL	ADDRESS		
POSITION HELD	CITY	STATE	ZIP CODE

**MAIL TO:**

**DIRECTOR OF INDUSTRIAL, ENGINEERING TECHNOLOGY, AND HEALTH SCIENCES EDUCATION  
PO BOX 480  
JEFFERSON CITY, MO 65102-0480**